

**Regulation & Policy/Resource Management/Communications
EMSSTAR Workgroup – Meeting Notes**

Oct 20, 2005, 9:00 – 12:00 pm
Maine Emergency Medical Services Office
500 Civic Center Drive
Augusta, Maine

Present:

1. Ron Jones, Westbrook MES
2. Chief Wayne Werts, EMT-P, Auburn Fire Dept
3. Alan Douglass, RN, EMT-P, Phippsburg Fire Department
4. Rob Tarbox, EMT-P, PACE Ambulance
5. Tim Beals, Delta Ambulance
6. Joanne LeBrun, Tri County EMS
7. Donnie Carroll, Southern Maine EMS

Not Present:

8. Chief Jeff Cammack, Bangor Fire Department
9. Steve Leach; Board of EMS/MCEMS/Augusta FD
10. Carol Pillsbury, EMT-P, NorthStar Ambulance
11. Norm Dinerman, M.D., Eastern Maine Medical Center
12. Paul Conley, EMT-P, Freeport
13. David Stuchiner, MD, Auburn
14. Jay Bradshaw, Maine EMS
15. Rory Putnam, Falmouth Fire/EMS

1. Review/Approval of Notes from 9/15 meeting

- a. 9/15 meeting notes were review & approved with minor changes.

2. Finalize Core Function #1:

After final review the group agreed on the final draft of Core Function #1 statement
- see attached. (final changes highlighted in Yellow)

**3. Group review and prepare final drafts of Core Function #2
(Medical Director Function) and # 4 (QA/QI Function):**

After final review the group agreed on the final draft of Core Function #1 statement
- see attached. (final changes highlighted in Yellow)

NOTE – the group decided to suspend final drafting of Core Functions #3 (Central Office), # 4 (Ed & Accreditation) and #6 (Public Ed & PR) until they complete they discussion about the “Future Role of Regions.”

4. Discussion of Future Role of Regions:

The group had what could be called a “wide ranging and spirited” open discussion about the Role that Regional Offices should or should not play in the future redesign of the Maine EMS system. A few of the points raised and statements made during the discussion are as follows)in no particular order of importance, etc):

- One member noted that the current Regional system is based on a 1970’s model;
- It was noted that State funding to of all 6 Regions is currently approx \$300,000;
- Some felt that the current Region Office system needed “tweaking”, while others felt that a full range of options should be considered – ranging from elimination of Regional Offices and Regions; to converting the Regional Offices into Satellite State EMS Offices, to completely centralizing the regional office function in Augusta EMS office.
- Some noted that Regional Offices facilitated public/private partnerships;
- Others noted that regional Offices primarily provide services to the local volunteer services (which represent 80% of EMS), while they questioned what the Regional Offices really do for the full-time/professional services (20% of EMS);
- Another group member noted that the “paid Services” seem to have more influence over the Regions (he referred to it as “Old Boy” style influence).
- It was suggested by one member that contracts to provide Regional Service should be awarded via RPF;
- Some member noted that Regions would not be need to provide education if Community Colleges were used to provide that EMS training – however, others questioned the ability of Com Colleges to handle the EMS education needs and further worried that Com Colleges might divert too much funding away from the EMS system.
- One member noted that the Regions have “evolved” in to regulatory and licensing functions over the past 30 years – they were not intended to perform those functions;
- It was noted that the Regional boundary lines were established 30 years ago to accommodate Hospital locations – based on an old Public Health Model (pre-internet; pre cell phones, etc) – not a statewide approach.
- It was also suggested that if Regions become “State EMS satellite” offices they should not perform Regulatory functions in regions.
- Another member noted that we may want to consider the State Fire Marshal Central Office model.

At the conclusion of the “Future Role for Regional Office” discussion – the group agreed on the following 4 items:

1. All agreed that there are definitely “disconnects” between “Providers” and the EMS System. Providers who do not attend meetings are not involved with or connected to System-wide information & decisions.
2. All agreed that regardless of the final Regional/local system used (if indeed there is a regional/local system used in the future), it is important for those Regional/Local offices to stay out of EMS Regulatory functions.
3. All agreed that the old regional boundary lines may not be functional going forward.
4. All agreed that this Workgroup was not able to reach a unanimous decision, or even a strong consensus, regarding the “Future Role of Regions” in the Maine EMS System.

Give the fact that the Workgroup will not be able to reach consensus on the future of Regional Office functions, it was decided that the Workgroup would compile a comprehensive list of “Pros and Cons” for the EMS Board (and any groups involved with the next Phase of this EMS reorganization project) to consult when considering future options for Regional Office structures.

5. Planning Next Meeting:

- a. Group will prepare “Pros & Cons” of Regional Office system for the EMS Board to consider.
- b. Group will review final draft versions of Core Function #2 & #4.
- c. Group will prepare drafts Core Functions # 3, #5 & #6 (who; where; how for each Core Function statement)
- d. Next Meeting:
 - i. We estimate that we will need 3 sessions to complete the work of this workgroup – so we will hold a full day sessions on 11/17 (9-3) and one more half day session in December.
 - ii. Nov 17th from 9 am – 3pm at the Maine Emergency Medical Services Office in Augusta.